Reporting Period: 1 January to 31 December 2020

Highlight
390,841 children under five years in humanitarian situations screened for malnutrition in the most drought-affected Provinces of Huila, Cunene, Namibe and Cuando Cubango, of 35,230 children with SAM were identified and admitted for treatment in UNICEF supported nutrition treatment centres.

3,923,505 children aged 0 to 59 months vaccinated against Polio, 142,672 children aged 6 to 59 months against Measles and 2,058,855 children aged 6 to 59 months supplemented with vitamin A.

350,396 people accessing the agreed quantity of water for drinking, cooking and personal hygiene.

12,276,705 people reached with key lifesaving and behaviour change messages on health, nutrition, water, sanitation, hygiene, child protection, and polio preventive measures.

UNICEF's Response and Funding Status

<table>
<thead>
<tr>
<th>Category</th>
<th>Children screened</th>
<th>Funding status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>100%</td>
<td>36%</td>
</tr>
<tr>
<td>Polio vaccination</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Measles vaccination</td>
<td>100%</td>
<td>13%</td>
</tr>
<tr>
<td>Access to safe water</td>
<td>100%</td>
<td>15%</td>
</tr>
<tr>
<td>PSS and GBV services</td>
<td>100%</td>
<td>37%</td>
</tr>
<tr>
<td>Access to Education</td>
<td>21%</td>
<td>15%</td>
</tr>
<tr>
<td>Behaviour change message</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

UNICEF Appeal 2020
US$ 15.8 million

Funding Status (in US$)

- Funds received, $4M
- Carry-forward, $1M
- Funding gap, $11M
Funding Overview and Partnerships
ACO humanitarian interventions are funded by 27 percent. Major funding contributions to the implementation of UNICEF’s humanitarian action for children (HAC) in 2020, include CERF (OCHA), BFA, USAID-Food for Peace, Government of Japan, and GPE. However, critical funding gaps remained throughout the year to support screening and treatment of severe acute malnutrition (SAM); improved access to water and sanitation; health; education and child protection, including services to prevent gender-based violence; as well as support to refugees and displaced populations. UNICEF works to support Government’s priority interventions. Currently, ACO has active partnership agreements with World Vision Angola, ADRA and Lutheran World Federation (LWF). In addition, under the leadership and coordination framework of the UN Resident Coordinator’s Office, ACO works in close collaboration with UNFPA, FAO, and WHO in the implementation of drought emergency response.

Situation Overview & Humanitarian Needs
Southern Angola experienced throughout 2020 the consequences of a prolonged drought with one of the worst climate shocks in recent years. Temperatures in 2019 were the highest in 45 years and the severe drought continues to push families to extreme vulnerability, increasing food insecurity and malnutrition. As of October 2019, the drought was reported to have affected 1.6 million people in Angola, equivalent to 333,163 households in 488 locations most impacted by drought. This situation continued in 2020 with deteriorating consequences for health, nutrition, water, sanitation and hygiene, education and child protection services. Results of the integrated food security phase classification (IPC) assessment undertaken in August 2019 in Cunene, Huila, Cuando Cubango and Namibe Provinces projected around 562,000 people in IPC phase 3 (crisis) or 4 (emergency) between October 2019 to February 2020. Flooding, during the first quarter of the 2020 resulting from significant rainfall compounded humanitarian needs, limiting access to continuous health care, nutrition, education, child protection and water, sanitation and hygiene services, including access to food for communities most affected by drought. Until the emergence of the novel coronavirus, there had been considerable progress made to curb the polio outbreak through vaccination campaign. However, the COVID-19 situation slowed the humanitarian response (particularly non-COVID emergency interventions, limited humanitarian access and worsened the livelihood capacity of the poor and most vulnerable.

Summary Analysis of Programme Response

Nutrition
From January to December 2020, UNICEF trained 445 frontline health workers (health staff and community health workers — CHW) based in drought and COVID-19 affected provinces to provide quality care to children suffering from severe acute malnutrition (SAM). A total of 390,841 children under five were screened for malnutrition, of which 35,230 were found with SAM and admitted for treatment between January and December 2020 (see graph above). Three guidance notes on simplified protocols for management of severe acute malnutrition, counselling on IYCF and Vitamin A supplementation in the context of COVID-19 were adopted by Ministry of Health and are currently being disseminated and implemented in the 18 provinces of Angola. A total 61,864 caregivers of children under 5 were reached through community kitchens and community-based education sessions on diet diversification, adequate breastfeeding practices and safe water and hygiene practices adapted to COVID-19. These initiatives resulted in improved knowledge among people who know the importance of exclusive breastfeeding for the first six months rising from 32 to 46 per cent following a knowledge attitudes and practice study conducted in the targeted provinces.

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To celebrate the World Breastfeeding Week from 1 to 7 August, UNICEF, the National Directorate of Public Health, Angolan Paediatric Society, Human Milk Bank and Provincial Health Departments of Luanda and Huíla joined forces to raise awareness of breastfeeding during Covid-19. A national campaign was rolled out in August with dissemination of media cards, IYCF pamphlets, Radio spots and TV shows reaching 13,260 people (42 per cent female).

Health

ACO humanitarian health interventions focused on Polio and Measles vaccination in response to outbreaks. From January to December, Angola continued to respond to confirmed outbreaks of circulating type 2 vaccine-derived poliovirus (VDPV2) disease. Seven outbreaks with 142 cases of VDPV2 of which, 124 circulating vaccine-derived poliovirus (cVDPV2) in 18 provinces occurred since May 2019 (121 cases in 2019 and 3 cases in 2020). Outbreak response activities against cVDPV2 cases, using monovalent type 2 oral polio vaccine (mOPV2) vaccine have been implemented in 92 districts in 2020. A total of 2,607,247 (out of 2,764,826) children aged 0-59 months from the Provinces of Huíla, Huambo, Cunene, Namibe, Cuando Cubango, Cuanza Sul, Uige, Zaire, Benguela, Mexico, Malanje, Bie, Cabinda and Lunda Norte were vaccinated.

A three-round nationwide integrated Inactivated Polio Vaccine (IPV)-bivalent Oral Polio Vaccine (bOPV)-Vitamin A campaign was planned, with Measles-Rubella vaccination in 17 districts with confirmed Measles outbreaks located within Huambo, Cabinda, Benguela, Bie, Lunda Sul and Luanda Provinces. The campaign was implemented from September to December 2020. Approximately 3,923,505 children aged 0 to 59 months were vaccinated against Polio, 142,672 children aged 6 to 59 months against Measles, and 2,058,855 children aged 6 to 59 months supplemented with vitamin A.

WASH

From January to December 2020, UNICEF ACO reached an estimated 350,396 people with access to safe water and an additional 586,549 people with hygiene messaging in areas most affected by drought. UNICEF ACO also procured and delivered 21 Volanta handpumps to the Provincial Government of Huíla and Namibe for installation in water stressed areas as identified by local authorities. Through the implementation of the Community-Led Total Sanitation approach, UNICEF reached 187,512 people with safe sanitation options.

Furthermore, UNICEF is working to improve the resilience of schools, hospitals and health care facilities that were most affected by drought through combined approaches including the introduction of rainwater harvesting technology when feasible. UNICEF installed 5m water storage tanks to serve 10 schools and 40 communities including health facilities. To pursue efforts in schools, a new partnership with the local NGO ADRA has been finalized for the construction of 6 rainwater harvesting reservoirs combined with hygiene promotion for the prevention of COVID-19. To support community engagement through the Safe Havens project in Cunene and build local capacity, 25 artisans were trained, including 1 woman.

The project will benefit 2,576 students and 3,989 community members. UNICEF also procured 2,000 family hygiene kits to support nutrition interventions in nutritional centres. A total of 6,000 boxes of aquatabs, 2,000 plastic buckets of 20 litres with taps and 9,000 jerry cans of 20 litres capacity were procured and will be distributed to affected communities and selected heath care facilities and schools to improve access to safe water, sanitation and hygiene.

Education

UNICEF’s education intervention sought to provide quality education to 25,000 children and community-based early childhood development (ECD) to 450 children most affected by drought. UNICEF worked closely with the provincial and municipal education authorities to support the implementation of the Safe Haven Initiative in 18 school communities in Ombadja Municipality of Cunene Province (10 Porto Seguro schools and 8 neighbouring). The community based ECD approach TUPPI (Todos Unidos Pela Primeira Infância) was initiated in Safe Haven communities with full support from all levels of government. The programme trained an initial 41 TUPPI facilitators in a three-day training, of which 24 were selected to participate as facilitators in their neighbourhoods. A refresher training on TUPPI methodology was implemented in early November 2020, which will facilitate the launch of community development and support activities for caregivers. These activities will be supported with the provision of ten ECD kits. In addition, 15 municipal and provincial intersectoral technicians benefited from training sessions on the coordination of the TUPPI project. As a result of these trainings, the communities made diagnoses of families and children under the age of 6 to facilitate the

3 WASH has overachieved on this indicator due to government’s support with additional water hauling trucks for water distribution in targeted areas. UNICEF provided fuel through local arrangements.

4 https://www.rural-water-supply.net/en/implementatioin/proprietary-handpumps/volanta

5 https://www.unicef.org/angola/saneamento-total-liderado-pela-comunidade
implementation of TUPPI activities. However, due to the COVID-19 pandemic, the implementation of TUPPI was postponed until the first quarter of 2021.

UNICEF provided significant protective support to children, families and communities to respond to the drought in Southern Angola through the implementation of the Safe Havens Project, including strengthening planning capacities for the start of the new school year with directors from 10 schools, six parent committee chairs, and three education officials. In five Safe Heaven schools, the diagnostic of students’ profiles in transition classes were completed. The capacity of 72 teachers, 14 directors, six technical staff and eight PTA members in multi-classroom teaching and emergency response at school level was developed via UNICEF-organized trainings, benefiting 5,305 students (2,598 girls) in ten Safe Haven schools and eight neighbouring schools with improved learning environments.

In Huila and Cunene, the capacity of 872 teachers (378 females), 569 directors (104 females) and 24 technical staff (three females) to deliver education in emergencies was strengthened. Out of these trainings, in the case of Huila Province, a training of trainers was conducted on education in emergencies, through which 30 trainers and 448 teachers were trained, which will benefit an estimated 18,000 students once schools reopen. Further support to the return to school was implemented through the provision eight school tents, which will function as temporary learning spaces.

Child Protection

ACO Child Protection interventions helped mainstream quality case management and continuity of care, reaching children and women with prevention and risk mitigation measures of gender-based violence. UNICEF facilitated the training of birth registration brigades, resulting in the registration of 8,502 people in Cunene Province. Seven municipalities benefited from the Project: Municipality Cuanhama (Evale, Mongua and Oshimolo), Municipality of Namacunde (Chiede and Namacunde) and Municipality of Ombandja (Mucope and Ombala yo Mungu). The registration took place in 61 schools distributed by the referred communes. Means and equipment (printer, expendable material, etc.) were also purchased for institutional strengthening. Birth registration services continue to be operational despite government lockdown, with control measures to mitigate the risks of COVID-19. In the Province, the process of massification of registration continues, albeit with limited funds.

Through CERF support for drought emergency response in Southern Angola, UNICEF and partners reached 203,379 people (180,355 in the first months and 23,024 in November 2020) in Cunene including young boys and girls with messages of support in first aid, psychosocial integrating response protection, stress management and case identification and referral and awareness raising and child protection messages. More than 4,500 informative flyers on preventing violence against girls and women were distributed and 3,097 people benefited indirectly from lectures, training and capacity building actions.

Eight refresher training events with government and non-governmental actors in identification, referral and service delivery for unaccompanied and separated children were completed. A total of 15 sessions, with 373 participants (182 men and 191 women) at Cunene Province, 40 police officers were trained on PSEA and child friendly procedures at Huila Province and 527 strategic actors in the 11 sessions held in all target provinces. A total of 7,968 children were assisted in alternative care, of which 601 were reunited, 157 in biological families and 415 in substitute families and 766 children victims of violence referred to child-friendly services.

From 16 June to 31 December 2020, the SOS hotline service received 676,722 calls. Of these, 135,179 received special attention and were referred to child protection services at the municipal level. Currently, UNICEF is supporting INAC in the development of a comprehensive child protection protocol, to enhance the existing referral system by introducing different emergency scenarios the country may face, and detailing roles and responsibilities. Information on the SOS Criança helpline was disseminated, which led to an increase in reports of cases of violence against children and their referral to protection services. Several trainings were also carried out to increase the capacity of stakeholders to respond to the increased demand and improve the quality of child friendly services and case management.

COVID-19 related lockdowns negatively impacted and continue to impact the functioning of protection services (disruption or reduction). However, UNICEF responded by engaging with high level local authorities which ensured the regular delivery of key child protection services. UNICEF supported the National Institution for Children in the development of a comprehensive Child Protection in Emergency protocol (CPie protocol). Inclusive of different emergency scenarios, the CPie protocol addresses different aspects, including mechanisms for coordination and inter-sectoral referral of cases, principles for child-friendly and gender-sensitive service-delivery, mainstreaming of GBV prevention, prevention of sexual abuse and exploitation and self-care for frontline service providers.
UNICEF supported child friendly services in temporary shelters for children without parental care in Luanda Province: i) Appropriate alternative care arrangements have been provided to 2,170 children (including 1,048 girls) without parental or family care, and 601 children have been reunified with their caregivers; ii) Access to safe channels to report cases of sexual exploitation and abuse was provided to 2,330 children and caregivers and they have benefited from community-based psychosocial service; iii) Critical WASH supplies and services reached 3,070 children and adults.

**Communication for Development (C4D), Community Engagement & Accountability**

In 2020, a total of 12,276,705 people, have been reached with lifesaving messages on Polio, measles vaccines, Vitamin A, Infant and Young Child Feeding, health and/or hygiene practices. This is an overachievement against 700,000 as the planned programmatic target for the HAC 2020 and is mostly associated with the emergence of polio cases in the country. A total of 10,080 social mobilizers/community activists were locally recruited and trained to conduct interpersonal communication (IPC) activities and 5,000 religious and traditional leaders were also engaged through advocacy meetings. Communication materials (serial albums, posters, banners, leaflets, social media cards, cars with sound system, etc.) were produced and disseminated at-scale.

Regarding Polio, a mix of strategies were implemented to reach caregivers for adherence to vaccination. These include the development and dissemination of printed communication materials, the broadcasting of TV and radio spots and programmes as well as social media posts (Facebook, Twitter) on Polio. As a result, a high proportion (91%) of the population have knowledge about polio vaccination campaigns and refusals to vaccination are generally less than 3% in the targeted provinces.

The year has also been marked by the implementation of injectable polio vaccination campaigns (IPV) nationally. This came with specific demand related challenges by the fact that the vaccine is given at fixed posts. Following the emerging challenges brought by COVID-19, especially the reluctance of the population to go to health facilities or vaccination posts because of fear to be infected, two rounds of rapid assessments were conducted and served to adjust C4D strategies, approaches and communication materials. This largely contributed an increased demand for IPV.

UNICEF has also supported the implementation of risk communication and community engagement activities as part of the drought response in Cunene and Huila Provinces. Through a partnership with ADRA and World Vision, UNICEF reached 64,305 people with lifesaving and integrated key messages on nutrition, WASH, health, and child protection in selected municipalities of the Provinces of Cunene and Huila during the period of August to December 2020. They were reached through multiple communication channels such as social mobilizers who have been trained and deployed to promote key positive practices. In order to optimize the impact of communication activities conducted by the social mobilizers, they were equipped with “serial albums” which are contextualized, attractive and user-friendly printed materials containing nutritional and hygiene and sanitation key messages as well as megaphones. Local leaders were also mobilized and involved in the promotion of key behaviours around nutrition, hygiene and sanitation at the community level. During COVID-19 times where there is a need to minimize close contact and observe safety measures such as social distancing, another approach has been also developed by conducting social mobilization activities through cars and motorbikes equipped with sound system.

UNICEF, through its partnership with BFA (Banco de Fomento Angola), and in collaboration with World Vision for the implementation of the activities, reached 4,399 caregivers with key messages for recognizing signs of acute malnutrition, on the importance of exclusive breastfeeding, food diversification, malnutrition prevention, hygiene practices and promotion of participation to community kitchens. This was done through the training of activists and the engagement of traditional authorities, religious leaders and teachers who were mobilized to promote lifesaving practices among their communities.

**Humanitarian Leadership, Coordination and Strategy**

ACO humanitarian leadership focused on supporting harmonized interventions to humanitarian action through integrated programmatic actions on nutrition, health, water, sanitation, hygiene, education, child protection and communication for development. While there is no formal cluster system in Angola, UNICEF leads on sectoral interventions in WASH, nutrition and education and co-leads with WHO for health. UNICEF co-leads in child protection with UNHCR under the refugee response and UNFPA for the drought emergency response. Disaster management coordination happens at central level, under the leadership of the Civil Protection and with significant jurisdiction of the Ministry of the Interior. Coordination also happens at the UN level, through the disaster management team chaired by WHO, the UNCT and at decentralized level with provincial governments, Civil Protection and the line provincial directorates. While continued efforts and coordination improvements are noticeable, coordination challenges remained and were further aggravated by COVID-19 imposed restrictions particularly in relation to the articulation of the different
levels of government and partners (central and provincial), monitoring of the activities at field level and within the UN community as well.

**Human Interest Stories and External Media**

**Community-Led Total Sanitation: Awakening to Promote Health and Sanitation**

![Image of women smiling]

Initiative leads to an improvement in environmental sanitation with the low malnutrition and cases of diarrhoea.

**Ondjiva** - In Cunene Province, with the support of UNICEF and Partners, several communities are being motivated to improve their own sanitation through a process called community awakening as part of the Community-Led Total Sanitation initiative.

The focus of the initiative is to promote a change in attitudes related to sanitation, through the construction of latrines with local materials. This leads to an improvement in environmental sanitation helping to reduce malnutrition and cases of diarrhoea. This programme also includes the treatment of homemade water.

Community-Led Total Sanitation (CLTS) is a method used by communities to achieve open defecation free (ODF) status, by building latrines and ensuring that all families wash their hands with soap and water or ash.

"My family's health has improved a lot because no one else is going to defecate outdoors," said Marcelina Hinahope, a 57-year-old married mother of 8, who lives in the Village of Chicusse Municipality of Kahama, Cunene.

"We never had the initiative to have a latrine, this changed thanks to the involvement of the community development technicians who carried out the awakening activities ", said Marcelina.

She added that the beginning of the initiative allowed them to have more notion of the dangers of lack of hygiene and sanitation "We saw many flies landing on food and faeces, we began to feel ashamed and found that after all this is how we catch diseases", he recalled.
Communities in drought-affected areas in Cunene Province have improved hygiene and sanitation

The state of an ODF community indicates that all families in the community use their own latrine and apply good hand washing practices. A peculiarity of this approach is that communities do not receive money from NGOs or the Government to build latrines. Instead, the community itself makes the decision to change its sanitary conditions after awakening and use accessible local materials to build family latrines.

Boniface Kapena, a 57-year-old resident in the Hakeke Village commune of Ombala Yo Mungo, says that "After participating in the walk of shame and arriving at the place where people have been defecating after stepping on the excrements, I left the place with a feeling of disgust."

"As soon as they demonstrated the tools and we understood the position we were on, it gave us a lot of strength to build the latrines. Now we will encourage all families to have their latrine for proper health" promises Boniface after having participated in awareness sessions in which the relationship between outdoor defecation and diseases were demonstrated.
Naimi Francisco built her own latrine after the Awakening Sessions

Naimi Francisco, 30, lives in the commune of Akeke in Kahama, Cunene, and is the mother of five children. She states that with the sensitivity of the agents, she became aware that for a long time her community has been at risk for lack of information, adds that through the Awakening and after visiting the places of defecation and there was also an increase in awareness and the need to take action of the rest of the community

"When we did the walk of shame we arrived in the area where every agent in the village has gone to defecate, we were all embarrassed by the visits. The conclusion of most of the village was to embrace the programme and quickly build family latrines," she said.

People who volunteer to help improve the health conditions of their community after awakening are the "Natural Leaders". After understanding the need for good sanitation conditions and wanting to use latrines, they are now well used and conversed in ODF communities. Diseases are also considerably reduced.

Data from the 2014 Census indicate that more than ten million people in Angola do not have access to adequate sanitation infrastructure, and outdoor defecation rates are on average 40%. Only about 38.6% of the population declares washing their hands after defecating. As a result, the incidence of faecal-oral contamination diseases continues to affect the country, with outbreaks of diarrhoea, and the occurrence of cholera.

Community-led Total Sanitation was an important tool to achieve the improvement of sanitary and environmental conditions in the country and, consequently, the quality of life of populations and schools. In this sense, Chicusse, Akeke, Ombala Yo Mungo, are part of the Cunene communities, working to include the list of more than 100 villages certified as ODF, after the implementation of the Community-Led Total Sanitation project in Cunene Province.

Stories:
- https://www.unicef.org/angola/historias/saneamento-total-liderado-pela-comunidade-despertar-para-promover-sa%C3%A7a-e-aperfei%C3%A7amento
- https://www.unicef.org/angola/historias/rastreio-na-comunidade-ajuda-salvar-vidas-de-crian%C3%A7as-desnutridas-no-sul-de-angola
- https://www.unicef.org/angola/historias/lan%C3%A7ado-em-luanda-programa-de-transfer%C3%A9ncia-monet%C3%A9ria-para-reduzir-o-impacto-da-covid
- https://www.youtube.com/watch?v=8n10usNL8eM

External Media
- https://theworldnews.net/ao-news/unicef-apoia-o-combate-a-desnutricao-no-sul-de-angola
Next SitRep: 15 April 2021

UNICEF Angola: [https://www.unicef.org/angola](https://www.unicef.org/angola)

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  Email: akumar@unicef.org
Annex A

Summary of Programme Results to be updated

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>2020 Target</th>
<th>Total Results</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years in humanitarian situations screened for malnutrition</td>
<td>379,907</td>
<td>390,842</td>
<td>▲</td>
</tr>
<tr>
<td>Children aged 6 to 59 months with severe acute malnutrition in humanitarian situations admitted into therapeutic treatment programmes</td>
<td>189,974</td>
<td>35,230</td>
<td>▲</td>
</tr>
<tr>
<td>Caregivers of children aged 0 to 59 months accessing counselling on early detection of malnutrition signs, positive infant and young child feeding and preventative health and hygiene practices</td>
<td>100,000</td>
<td>61,864</td>
<td>▲</td>
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<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 0 to 59 months vaccinated against measles</td>
<td>100,000</td>
<td>142,672</td>
<td>▲</td>
</tr>
<tr>
<td>Children aged 0 to 59 months vaccinated against Polio</td>
<td>150,000</td>
<td>3,923,505</td>
<td>▲</td>
</tr>
<tr>
<td>Children aged 0 to 59 months with acute diarrhoea received treatment</td>
<td>500</td>
<td>0</td>
<td>▲</td>
</tr>
<tr>
<td>Women and children under 5 years accessing essential maternal and child health services</td>
<td>2,000</td>
<td>0</td>
<td>▲</td>
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<tr>
<td><strong>Water, Sanitation &amp; Hygiene</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People accessing the agreed quantity of water for drinking, cooking and personal hygiene</td>
<td>300,000</td>
<td>350,396</td>
<td>▲</td>
</tr>
<tr>
<td>People reached with key messages on hygiene practices through face-to-face approaches</td>
<td>500,000</td>
<td>586,459</td>
<td>▲</td>
</tr>
<tr>
<td>People accessing appropriate sanitation facilities.</td>
<td>150,000</td>
<td>187,512</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women and children reached with gender-based violence prevention and response interventions</td>
<td>1,300</td>
<td>12,901</td>
<td>▲</td>
</tr>
<tr>
<td>Unaccompanied and separated children identified and receiving protection services, including family tracing and reunification and placement in alternative care arrangements</td>
<td>600</td>
<td>601</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children affected by emergencies accessing formal or non-formal primary education</td>
<td>25,000</td>
<td>5,305</td>
<td>▲</td>
</tr>
<tr>
<td>Children aged 0–5 years accessing community based early childhood development (ECD) interventions</td>
<td>450</td>
<td>0</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Communication for Development</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People reached with key lifesaving and behaviour change messages on health, nutrition, water, sanitation, hygiene, child protection, including polio preventive measures through face-to-face approaches</td>
<td>700,000</td>
<td>12,276,70</td>
<td>▲</td>
</tr>
</tbody>
</table>

Notes:

1. UNICEF supported emergency response to measles outbreaks in districts with confirmed Measles outbreaks.
2. Both behaevior change, and polio results have exceeded planned target. This is partly because of the polio outbreaks and higher number of people reached either through C4D or polio vaccination campaign.
3. ACO did not support any emergency response to acute diarrhea in emergency.
4. ACO did not support any emergency response including essential maternal and child health service package outside COVID-19 response.
5. There are no new results to report for the month of September. WASH Section is planning new partnerships for the coming months to implement a new ECHO grant as well as agreed Cost extension activities of the BFA project.

*Note:* Data in April 2020 report on Government led expanded polio campaigns and C4D activities limited by the COVID-19 pandemic.
## Annex B

### Funding Status\(^{15}\)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Received Current Year</td>
<td>Carry-Over</td>
</tr>
<tr>
<td>Nutrition</td>
<td>7,100,000</td>
<td>2,478,379</td>
<td>207,299</td>
</tr>
<tr>
<td>Health(^{16})</td>
<td>1,200,000</td>
<td>110,525</td>
<td>0</td>
</tr>
<tr>
<td>WASH</td>
<td>4,900,000</td>
<td>330,978</td>
<td>307,732</td>
</tr>
<tr>
<td>Child Protection</td>
<td>450,000</td>
<td>167,499</td>
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</tr>
<tr>
<td>Education</td>
<td>1,800,000</td>
<td>268,724</td>
<td>8,634</td>
</tr>
<tr>
<td>C4D</td>
<td>350,000</td>
<td>365,580</td>
<td>69,974</td>
</tr>
<tr>
<td>PME/COMMS/Ops(^{17})</td>
<td>0</td>
<td>0</td>
<td>24,897</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15,800,000</strong></td>
<td><strong>3,721,685</strong></td>
<td><strong>618,536</strong></td>
</tr>
</tbody>
</table>

\(^{15}\)Funding available includes $3,721,685 funds received in 2020 plus $618,536 carry forward from 2019.

\(^{16}\)Health and C4D received significant ORR funds, a total of $5, 353,440 ($2,248,109, $2,081,915, $681,531 and $340,884 respectively) to support Polio vaccination campaign.

\(^{17}\)No stand-alone funding requirements had been calculated. Therefore, carry forward amount is based on funding allocation made by programme sections to support PME, Comms and Operations.